POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	6/13/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LH	60105	8-15-0
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
— (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

Claim Final	Original	Date							
	1	÷	✓	✓					
	2	÷	✓	✓					
	3	÷	✓	✓					
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Claim Final	Original	Date							
	51	✓	✓						
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Claim Final	Original	Date							
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If more than 150 claims or 10 actions
staple additional sheet here

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